



WELL-BEING OF ADOLESCENTS IN RELATION TO SELF-RESILIENCE AND RELIGIOSITY

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ABSTRACT

The present study is descriptive one and it has been conducted in Ludhiana District of Punjab (India). The sample comprised 200 students of 11th class (100 boys and 100 girls) of government secondary schools. The data were obtained by using General Well Being Scale by Kalia and Deswal (2012), Self-Resilience Scale by Wagnild and Young (1993) and Religiosity and Spirituality Scale by Hernandez (2011). The obtained data were analyzed by using Pearson's correlation. The major findings are (i) there exists significant positive correlation between Well-Being and Self-resilience among adolescents and (ii) there exists significant positive correlation between Well-Being and Religiosity among adolescents.

KEYWORDS: Well-Being, Self-Resilience, Religiosity.

Education is conceived as a powerful agency which is instrumental in bringing about the desired changes in an individual's life. It is a developmental process. On one hand, education develops personality of an individual in all fields and making him learned bold, courageous and possessing good and strong character, on other hand, it contributes to growth and development of society. Education helps in developing all the aspects of individuality name physical, mental, moral, emotional, social and spiritual. It enables to meet social needs and necessities of life. Education is not only the acquisition of bookish knowledge but also include knowing, understanding and handling emotions in the right manner, at the right time and right way. These emotions are very much heightened in adolescent period. If these emotions are not understood and controlled properly, these can lead to a society which will not be worth living.

Adolescence is a crucial phase in human life. It is a critical period of rapid physical, mental and social development. Adolescents- the population in the age group of 10-19 constitute more than one fifth of the population of our country (Directorate of Education, Govt. of NCT of Delhi and DSACS, 2006). Children in India live in diverse circumstances and have diverse needs and rights. Along with their need to be educated, healthy and skillful, they need and have rights to adequate nutrition, to live in a safe and supportive environment, have opportunities to reach their optimal potential and generally lead healthy, joyful and fulfilling lives so that they can be productive and well-adjusted citizens of tomorrow.

The present condition of adolescents clearly shows that our youth's quality of life has significantly deteriorated. Researches show that significant rise in the problems faced by the adolescents for example, serious emotional disturbances has increased (WHO, 2001), along with increased sexual activity, rise in AIDS cases in India and greater use of alcohol consumption. The host of factors that promotes high risk behaviour such as alcoholism, drug abuse and casual relationships are boredom, rebellion, disorientation, peer pressure and curiosity. The psychological factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future are often the driving force for high risk behaviour.

It has been observed that psychological ill healthy and emotionally disturbed adolescents exhibit their impairment in a variety of ways such as failing academically, having poor self-images, having poor peer relationships and additionally, they may have little respect for the law of their society and adults (Hendren et. al. 1994). Academic failure and social rejection have a lasting consequence, as a failure to learn in school limits a person's chance to succeed in the future. There is a need for adolescent friendly services, programmes, policies and interventions to meet their needs and well-being.

Well being may be defined as the subjective feeling of contentment, happiness, satisfaction with life's experiences and one's role in the world of work, sense of achievement, utility belongingness and no distress, dissatisfaction or worry etc. Well being requires harmony between mind and body. It implies sense of balance and ease with pressures in a person's life. There is no under stimulation and no excessive negative stress; above all, there is a sense of control over one's destiny.

The WHO (1948) defines health a state of complete physical, mental and social well being, and not merely as the absence of disease.

The Oxford English Dictionary (1989) states well being as, "a state of being or doing well in life, happy, healthy or prosperous condition, moral or physical welfare."

Thus the Well Being is a positive outcome that is meaningful for people and for many sections of society because it tells about the perception of people their lives are going well. Good living conditions are fundamental to Well Being. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, the realization of their potential, or their overall satisfaction with life and their positive emotions and resilience.

The concept of self- resilience has a quite different starting point. It has its origins in the universal finding from all research, naturalistic and experimental, human and other animals, that there is huge heterogeneity in response to all manners of environmental hazards: physical and psychosocial. It is argued that the systematic investigations of the causes of this heterogeneity should not just throw light on the specifics of different responses to a particular hazard but, in addition, might throw light on a broader range of causal processes. Accordingly, resilience can be defined as reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences (Rutter, 2006).

Rutter (2008) found that there is a common misconception that people who are resilient experience no negative emotions or thoughts and display optimism in all situations. Contrary to this misconception, the reality remains that resiliency is demonstrated within individuals who can effectively and relatively easily navigate their way around crises and utilize effective methods of coping.

Masten (1994) shows that resilience is the result of individuals being able to interact with their environments and the processes that either promote Well Being or protect them against the overwhelming influence of risk factors

Zautra, Hall and Murray (2010) concluded that "resilience" occurs when there are cumulative "protective factors". These factors are likely to play a more and more important role the greater the individual's exposure to cumulative "risk factors". The phrase "risk and resilience" in this area of study is quite common.

Thus Self-Resilience is the capacity to withstand stress and catastrophe. Psychologists have long recognized the capabilities of humans to adapt and overcome risk and adversity. Individuals and communities are able to rebuild their lives even after devastating tragedies.

Religiosity includes having or showing belief in and reverence for God or a deity, as well as participation in activities pertaining to that faith such as attending services, worship regularly and participating in other social activities with one's religious community. Religiosity plays a major part in the life of an individual. It is an important dimension of human experience.

Miller and Thoresen (2003) interpreted the term as 'outward worship, creeds, and theology, which reflect an understanding of God and the world.'

Peter and Paul (2010) define religion as "a relatively-bounded system of beliefs symbols and practices that addresses the nature of existence and in which communion with others and Otherness is lived as if it both takes in and spiritually transcends socially-grounded ontologies of time, space, embodiment and knowing."

Religiosity in its broadest sense is a comprehensive sociological term used to refer to the numerous aspects of religious activity dedication and belief. Religious beliefs can shape a person's psychological perception of pain or disability as it creates a mindset that enables the person to relax and allows healing on its own. It provides perhaps the core grounding for discourses on well-being, specifying through teaching and practice what it means to live well, as an individual and as a community.

Emergence of the Problem

Adolescence, the age of stress, storm and strife, tends to confuse the adolescents regarding their decisions in life. The decisions taken in this particular stage has an important bearing on the future life of the adolescents. As known that adolescents undergo many physical, mental, emotional and psychological changes which they find difficult to cope up with. They at this time should have the well-being to lead their personal and professional life effectively. They are required to think critically while solving any problem that encounters them. They need to take important decision while recognizing their own self their strengths and weaknesses.

Stumbling bear- Riddle, and Romans (2012) in their study showed that thirty-three percent of the variance in resilience was accounted for by enculturation, self-esteem, and social support, while 34% of the variance in resilience was contributed by enculturation, subjective Well Being, and social support. However, social support from friends remained the strongest predictor. Tomas and Sancho (2012) in their study concluded that with a single predictor of well-being: resilient coping.... A latent variable measuring resilient coping is able to predict a significant and large part of the variance in Well Being, without the need of including coping strategies. Souri and Hasanirad (2011) revealed that resilience is able to predict psychological Well Being, and optimism played a minor mediation role in the relationship between resilience and psychological Well Being. The results indicated that psychological Well Being is influenced by personal characteristics such as resilience, and the individual's optimism regardless of his/her degree of resilience can to some extent provide for psychological Well Being

The studies by Trankle (2006), Joshi, Kumari and Jain (2008), Ivtzan, Christine and Prashar (2009), White, Divine and Jha (2010) showed the consistent associations between religion and Well Being whereas Miller and Thoresen (2003), Cohen, Pierce and Chambers (2005) showed that the intrinsically religious people have a stronger sense of Well Being and extrinsically religious people have negative scores on the well-being. A study by Adeyemo and Adeleye (2008) showed that Religiosity did not significantly contribute to well-being.

Present study is selected after the review of related literature. After reviewing the literature, it was found that most of the studies are restrained to foreign countries. Owing to dissimilarities in social norms and cultural values, the findings obtained from these studies may not be really applicable and useful to explain the case of India.

Operational Definitions

Well Being: In the present study the tool used to measure Well Being was developed by Kalia and Desai (2012). According to the scale, Well Being is "a construct refers to the harmonious functioning of the physical as well as psychological aspect of the personality, giving satisfaction to the self and benefit to the society."

Self-Resilience: In the present study the tool to measure Self-Resilience among adolescents was developed by Young (1993). In the tool Self-Resilience is taken as "a belief in one's own, with a clear understanding of one's capabilities and limitations. It comes from experiences and the 'practice' that leads to confidence in one's abilities.

Religiosity: In the present study the tool to be used to measure Religiosity is developed by Hernandez (2011). In the scale Religiosity is defined as one's beliefs and practices related to a religious affiliation or to God.

Objectives of the Study

The present study is conducted with the following objectives in view:

1. To study the significance of correlation between Well Being and Self-Resilience among adolescents.
 - 1(a) To study the significance of correlation between Well Being and Self-Resilience among male adolescents.
 - 1(b) To study the significance of correlation between Well Being and Self-Resilience among female adolescents.
2. To study significance of correlation between Well Being and Religiosity among adolescents.
 - 2(a) To study the significance of correlation between Well Being and Religiosity among male adolescents.
 - 2(b) To study the significance of correlation between Well Being and Religiosity among female adolescents.

Hypotheses

H1 There exists no significant correlation between Well Being and Self-Resilience among adolescents.

H1.1 There exists no significant correlation between Well Being and Self-Resilience among male adolescents.

H1.2 There exists no significant correlation between Well Being and Self-Resilience among female adolescents.

H2 There exists no significant correlation between Well Being and Religiosity among adolescents.

H2.1 There exists no significant correlation between Well Being and Religiosity among male adolescents.

H2.2 There exists no significant correlation between Well Being and Religiosity among female adolescents.

Delimitations of the Study

The present study will be delimited to students of 10+1 class of government senior secondary school of Ludhiana and nearby areas.

Design of the Study

Research is purposive, scientific and plan deliberation; it is not a haphazard task. While conducting any research, the researcher has to take many steps in well organized manner. Systematic research in education will surely save time, energy, money and frustration. The authenticity and reliability of any research is based on methodology adopted. There are numerous methods and procedure to be applied for any study, but it is in the nature of the problem under investigation which determine the adaptation of particular method. The present

investigation "Well Being among adolescents in relation to Self-Resilience and Religiosity" is essentially descriptive and survey type. Sample

The school sample was drawn from the representative secondary schools of Ludhiana District of Punjab (India). 200 adolescents (100 boys and 100 girls) of 11th class were selected randomly from Government Secondary Schools of the District. Every care has been to take the sample as fairly as possible representative of the entire sample.

Tools Used

The tools used in the present study have been enlisted below:

1. General Well Being Scale by Kalia and Deswal (2012).
2. Self-Resilience Scale by Wagnild and Young (1993).
3. Religiosity and Spirituality Scale by Hernandez (2011).

Statistical Techniques Used

To find that relationship between the variables, Pearson's coefficient of Correlation was used.

Results

Table 1 Showing coefficient of correlation between Well Being and Self- Resilience of total sample

Respondents	N	r
Total sample	200	0.27
Boys	100	0.29
Girls	100	0.26

***Significant at 0.05 level of Confidence**

Table 4.19 represents coefficient of correlation between Well Being and self- resilience. The values of coefficient of correlation between Well Being and Self-Resilience for total sample, boys and girls came out be 0.27, 0.29 and 0.26 respectively. All the values of coefficient of correlation are significant at 0.05 level of significance. Thus we can say that there exist low positive correlation between Well Being and Self-Resilience among adolescents. Hence, the hypothesis H1 stating that, 'there exists no significant correlation between Well Being and Self-Resilience among adolescents,' H1.1 stating that, 'there exists no significant correlation between Well Being and Self-Resilience among male adolescents' and H1.2 stating that, 'there exists no significant correlation between Well Being and Self-Resilience among female adolescents' stand rejected.

Discussion of Results

From the above analysis it can be concluded that there exists significant positive correlation between Well Being and Self-Resilience among adolescents. The above results are also supported by Sour and Hasanirad (2011), Gayton and Lovell (2012), Tomas and Sancho (2012) and Pidgeon (2013).

The results seem to be justified as Self-Resilience is not something that one is either born with or not. Resilience develops as one grows up and gain better thinking and self-management skills and more knowledge. Resilience also comes from supportive relationships with parents, peers and others, as well as cultural beliefs and traditions that help people cope with the inevitable bumps in life. The mechanism by which resilience facilitates adaptation has been described as the ability to identify what is stressful, appraise realistically one's capacity ' for action, and problem solve effectively. Repeated mastery in spite of stressors enables individuals to confront new experiences with a sense of competence rather than fear and ineptitude and builds resilience. All this leads to better Well Being of the individual.

Table 2 Showing coefficient of correlation between Well Being and Religiosity of total sample

Respondents	N	r
Total sample	200	0.24*
Boys	100	0.20*
Girls	100	0.24*

***Significant at 0.05 level of Confidence**

Table 4.24 represents coefficient of correlation between Well Being and Religiosity. The values of coefficient of correlation between Well Being and Self-Resilience for total sample, boys and girls came out be 0.28, 0.25 and 0.30 respectively. All the values of coefficient of correlation are significant at 0.05 level of significance. Thus we can say that there exist low positive correlation between Emotional Well Being and Religiosity among adolescents. Hence, the hypothesis H2 stating that, 'there exists no significant correlation between Well Being and Religiosity among adolescents,' H2.1 stating that, 'there exists no significant correlation between Well Being and Religiosity among male adolescents' and H2.2 stating that, 'there exists no significant correlation between Well Being and Religiosity among female adolescents' stand rejected.

Discussion of the Results

From the above analysis it can be concluded that the overall Well Being is significantly related to Religiosity among adolescents. The results are supported by Adelt (2003), Leondari and Gialamas (2009), White, Divine and Jha (2010) and Ismail and Desmukh (2012).

The result seems to be justified as Religiosity in its broadest sense is a comprehensive sociological term used to refer to the numerous aspects of religious activity dedication and belief. Religious beliefs can shape a person's psychological perception of pain or disability as it creates a mindset that enables the person to relax and allows healing on its own. It provides perhaps the core grounding for discourses on Well-Being, specifying through teaching and practice what it means to live well, as an individual and as a community. Religion is also widely understood as a source of Well-Being for its adherents, providing comfort in times of trouble, offering a framework of meaning to make sense of life's vicissitudes, and providing a community that gives social support and confers identity through a sense of belonging.

Conclusions

Significant positive relationship is found between Well-Being and Self-resilience among adolescents. Also significant positive correlation is found between Well-Being and Religiosity among adolescents.

Educational implications

Present study has shown low positive correlation between Well Being and Self-Resilience among adolescents. Since Self-Resilience is a belief in oneself, with a clear understanding of one's capabilities and limitations. It comes from experiences and the 'practice' that leads to confidence in your abilities. Therefore a teacher should provide experience to the students to recognize their resilience and make profitable use of it to improve their Well Being.

Also the present study has shown low positive correlation between Well Being and Religiosity of adolescents. Religion is an important dimension of human experience. It can provide hope in despair. Religion is about conduct, character and core virtues, rather than spiritual belief. Religion is the life that a person lives or the path that they walk from the time they are born till the time that they die. A teachers should promote universal religion i.e. Whether one is Hindu or Muslim or Christian is not of significance, since there is just one God. It is true that there are different religions but that is not what constitutes faith. Faith or religion is what we do, the acts that we perform, telling the truth and doing our duty; that is religion. Such acts may help the students to understand about religious beliefs and it may affect the Well Being of students.

In order to achieve these objectives by seeking the help of school management and parents, teacher should design appropriate interventions to enhance above mentioned Self-Resilience and Religiosity to foster general Well Being of adolescents.

BIBLIOGRAPHY:

1. Adelt, M. (2003). Effects of religion and purpose in life on elders' subjective well-being and attitudes toward death. *Journal of Religious Gerontology*, 14(4), 55-76
2. Adeyemo, D. A. & Adeleye, A. T. (2008). Emotional Intelligence, Religiosity and Self-Efficacy as Predictors of Psychological Well-Being among Secondary School Adolescents in Ogbomoso, Nigeria. *Europe's Journal of Psychology*, 4(1):423
3. Cohen, A. B., Pierce, J. D., Chambers, J. & Koenig, H. G. (2005). Intrinsic and extrinsic religiosity, belief in the after life, death anxiety, and life satisfaction in young Catholic and Protestant adults. *Journal of Research in Personality*, 39, 307-324.

4. Delhi State Aids Control Society Report (2006). New Delhi: Government of NCT.
5. Gayton, S. D. & G. P. Lovell (2012). Resilience in ambulance service paramedics and its relationships with well-being and general health. *Traumatology*, 18(1): 58-64.
6. Hendren, R., Weisen, R. & Oley, J. (1994). *Mental Health in Schools*. Geneva: Division of mental health. WHO.
7. Hernandez, B.C. (2011). The Religiosity and Spirituality Scale for Youth: Development and Validation. Dissertation for Graduate Work, Department of Psychology. Louisiana State University.
8. Ismail, Z. & Desmukh, S. (2012). Religiosity and psychological well-being. *International Journal of Business and Social Science*, 3 (11), 20-28.
9. Ivtzan, I., Christine P. L., Hannah E., & Prashar, K. (2009). Linking religion and spirituality with psychological well-being: examining self-actualisation, meaning in life, and personal growth initiative. *Journal of Religion and Health*, 48(1).
10. Joshi, S., Kumari, S. & Jain, M. (2008). Religious belief and its relation to psychological well-being. *Journal of the Indian Academy of Applied Psychology*, 34 (2), 345-354.
11. Kalia, A.K. & Deswal, A. (2012). *Manual of General Well Being Scale*. Agra: National Psychological Corporation.
12. Leondari, A. & Gialamas V. (2009). Religiosity and psychological well-being. *International Journal of Psychology*, 44(4), 241-248.
13. Masten, A.S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity, in M. Wang & E. Gordon (Eds.), *Risk and resilience in inner city America: challenges and prospects*. Hillsdale, NJ: Erlbaum.
14. Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58, 24-35.
15. Paul J. & Peter M. (2010). *Globalization and Culture, Vol. 2: Globalizing Religions*. London: Sage Publications.
16. Pidgeon, A. M. (2013). Evaluating the effectiveness of enhancing resilience in human service professionals using a retreat-based mindfulness with metta training program: A randomised control trial. *Psychology, Health & Medicine*, 18, 1-10. doi:10.1080/13548506.2013.806815
17. Rutter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied*, 80(1), 1-28.
18. Rutter, M. (2008). Developing concepts in developmental psychopathology in J.J. Hudziak (ed.). *Development and wellness: Genetic and environmental influences*. Washington, DC : American Psychiatric Publishing.
19. Souri, H. & Hasanirad, T. (2011). Relationship between Resilience, Optimism and Psychological Well-Being in students of Medicine. *Procedia-Social and Behavioral Sciences*, 30, 1541-1544
20. Stumblingbear-Riddle, G. & Romans, J. S. C. (2012). Resilience among urban American Indian adolescents: Exploration into the role of culture, self-esteem, subjective well-being, and social support. *American Indian and Alaska Native mental health research*, 19 (2), 1-9.
21. *The Oxford English Dictionary (1989)*. Oxford : Clarendon Press
22. Tomás, J. M. & P. Sanch (2012). Resilience and coping as predictors of general well-being in the elderly: A structural equation modeling approach. *Aging & Mental Health*, 16(3), 317-326.
23. Trankle, T.M. (2006). Psychological Well-Being, Religious-Coping and Religiosity in college students. *Encyclopedia of Quality of Life and Well-Being Research*. 53-56
24. Wagnild, G.M. & Young, H.M. (1993). Development of Psychometric Evaluation of Resilience Scale. *Journal of Nursing Measurement*, 1, 165-178
- White, S.C.
25. Devine, J. & Jha, S. (2012). The life a person lives: Religion, well-being and development in India. *Development in Practice*, 22 (5-6), pp. 651-662.
26. WHO (1948). World Health Organization as adopted by the International Health Conference. New York.
27. WHO (2001). World Health Organisation. Department of Mental Health and Substance Dependence.
28. Zautra, A.J., Hall, J.S. & Murray, K.E. (2010). Resilience: A new definition of health for people and communities, in J.W. Reich, A.J. Zautra & J.S. Hall (eds.), *Handbook of adult resilience*. New York: Guilford.